POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	6662\	9/22
O.I.P.E. CLASSIFIER		c/3	9/29/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	San	C9830	1.3

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
0 .... Objected

Claim Final	Original	Date
1	✓ 3.19.04	
2	0	
3	0	
4	0	
5	0	
6	0	
7	0	
8	0	
9	✓	
10	✓	
11	✓	
12	✓	
13	✓	
14	0	
15	0	
16	0	
17	0	
18	✓	
19	✓	
20	✓	
21	0	
22	0	
23	0	
24	0	
25	✓	
26	✓	
27	✓	
28	0	
29	0	
30	0	
31	✓	
32	✓	
33	✓	
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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